

Aflac Group Critical Illness Insurance Frequently Asked Questions

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I. [General Information](#)

What is Group Critical Illness Insurance?

Group Critical Illness Insurance is coverage that pays you (unless otherwise assigned) a lump sum cash benefit when you are diagnosed with a covered critical illness, such as heart attack, cancer, or stroke. You can spend the cash anyway that you want, to pay for everyday expenses or travel to a treatment center of choice.

I already have health insurance coverage. Why do I need this coverage?

After diagnosis of a covered critical illness, unexpected expenses can add up. Health insurance will pay a large portion of the medical expenses, and disability coverage may help pay for your necessary living expenses, however, some out-of-pocket expenses associated with a life-change following a critical illness may not be covered. Aflac Group Critical Illness Insurance benefits can be used to pay for those out-of-pocket expenses.

When can I enroll in this program?

Newly hired and newly benefit-eligible employees and their spouses are able to apply for Supplemental Benefits within **60 days** of becoming eligible for benefits. Employees who do not elect coverage during their initial enrollment period will be considered a Late Enrollee and will not have an opportunity to enroll until the Annual Open Enrollment.

Employees and their spouses will be allowed to apply each year during the annual open enrollment period. Anyone who does not elect coverage during their initial enrollment period and wishes to make an election during a subsequent annual enrollment period will be considered a Late Enrollee and will not have an opportunity to enroll until that time. **Coverage may be subject to approval based on answers to health questions.**

When will payroll deductions start?

If you are a 22 pay or 26 pay employee, deductions will start on the paycheck that includes the first day of the month you become covered.

Example: If coverage becomes effective September 1 your first deduction will occur on the first paycheck that includes September 1.

If you are paid 22 times per year and enroll for an August 1 coverage effective date during the months you are not paid, you must remit premium directly to Aflac Group until your payroll resumes.

What is guaranteed-issue coverage?

Guaranteed-issue means you are guaranteed coverage without having to submit proof of your/your spouse's good health and without having to answer health questions. You and your spouse will be guaranteed coverage up to \$30,000 for you and \$15,000 for your spouse if you apply within 60 days of becoming eligible. To be eligible for guaranteed-issue coverage you must be actively-at-work, and your spouse must not be currently disabled or unable to work. Pre-existing condition limits may apply to claims within 12 months of your enrollment. If you apply after the initial enrollment period you will have to answer health questions and your enrollment will be subject to Aflac approval of your health questions in order to qualify.

How do I know how much coverage is right for me?

There are several factors to consider, including your family health history, your budget, and income. To make a decision that is right for you, think about out-of-pocket expenses that may arise after a diagnosis and the extra cash you think you would need.

Can I continue coverage if I retire or leave employment?

Yes, with certain stipulations. One of the advantages of this program is that you can take your insurance with you if you leave.

When will my coverage become effective?

Employees are eligible to apply on their date of hire into a benefit-eligible position and have **60 days** to make elections. Coverage will be effective first of the month following 60 days unless the employee applies within the last 15 days of their enrollment window, then coverage will be effective first of the next month.

Example: Date of hire into a benefit-eligible position is **August 1**. You apply by September 15th and your coverage is effective **October 1**, or you apply September 16th or later your coverage is effective **November 1**.

How and when will I know if my requested coverage is approved?

Within three (3) weeks after your application is processed, you will receive a welcome letter and schedule page with particulars about your insurance – like the kind of coverage you have and its effective date. The welcome letter will also include instructions of how to request a full certificate if you would like one. Your employer will be notified of the premium amount to withhold from your pay.

What happens to my coverage when I travel outside of the United States?

Because your coverage doesn't have travel exclusions, your Aflac Critical Illness plan remains intact when you visit other countries as long as:

- You still reside in the United States, and
- Your employer's group plan remains active. (If your employer cancels the group plan, all coverage issued under that plan will terminate as well. This includes coverage for current employees, former employees, and dependents.)

The Aflac Critical Illness plan does require that, for a claim* to be payable, diagnosis must be made, and treatment received in the United States. Please read your welcome letter carefully, and call Aflac toll-free at 1-800-433-3036 if you have any questions about your coverage.

*Please remember that Aflac can only process claims that are presented in U.S. dollars and payable benefits will be in U.S. dollars

II. Eligibility

Who is eligible to apply for this coverage?

An actively-at-work, benefit eligible permanent full-time employee (**under age 70**) who works 30 hours or more per week or 130 hours monthly, or other benefit eligible employees who work less than 30 hours and are pension- eligible.

If an employee is eligible, his spouse (**under age 70**) is eligible for coverage and all children of the insured who are younger than 26 years of age are eligible. Casual and Seasonal employees, substitutes and temporary workers are not eligible to participate.

What does it mean to be actively-at-work?

Actively-at-work means you are not on a leave of absence, including family and medical leave. Employees on leave of absence are not eligible to apply until they return to work.

How do I sign up my new spouse?

To add your spouse, you must have existing coverage. Your spouse must not be currently disabled or unable to work and **under age 70**. The benefit amount you elect for your spouse may not exceed 50% of your elected amount. You must elect coverage for your new spouse **within 30 days of the qualifying event**. If you are paid 22 times per year and add a new spouse during the months in which you are not paid, you must remit the additional premium for spouse coverage directly to Aflac Group until your payroll deductions resume.

If my Spouse and I are both employees can we elect the maximum coverage amount as both employee and as a spouse?

No. An employee should not be covered under both his/her own and his/her spouse's plan.

If I am on Leave of Absence, when can I apply?

If you are on leave of absence during the initial enrollment period, you can apply for yourself, your spouse, and your dependent children within 31 days of returning to actively at work status and will not be required to satisfy health questions. You will also have an opportunity to apply during the next Annual Open Enrollment, but you will need to answer health questions, and your coverage will be subject to Aflac approval. Please see Section V of this document for details about going on unpaid leave after you have enrolled.

Do I have to be actively-at-work for my spouse and children to be eligible?

Yes. You must be actively-at-work for your spouse and children to be eligible.

If my spouse is hospitalized during my enrollment period, when will be the next opportunity to add him/her?

A spouse returning from hospitalization will be given an opportunity to elect coverage at the next annual open enrollment.

How do I sign up my dependents?

Eligible dependents ages birth through 25 have automatic coverage once the parent is covered. Eligibility will be determined at time of claim.

III. Applying for Coverage

How do I apply for myself, my spouse and children?

- (1) New employees that wish to enroll in Supplemental Benefits should enroll online at the [State of Delaware Aflac Information Site](#) within **60 days** of becoming eligible for benefits. Employees who do not elect coverage during their initial enrollment period will be considered a Late Enrollee and will not have an opportunity to enroll until the Annual Open Enrollment.
- (2) If you are already enrolled in Aflac Group Critical Illness and become married or have a new child, you have 30 days from the event to apply for coverage for them. You must be enrolled in Aflac Group Critical Illness prior to the event to add family members to your coverage.

New Users will be prompted to “Create an Account” using a “substitute Social Security Number”. Be sure to write down your “substitute Social Security Number” as you will need it throughout the “Create an Account” process. **Please Note:** Creating an account does not mean that you are enrolling in coverage.

The enrollment site does not recognize my information. Why?

As described above, and on the enrollment site, you must use a **substitute social security** number when you first establish your profile. In addition, if your last name includes a suffix such as “Jr.” or “Sr.” the site may expect you to include that suffix with no punctuation.

Example: John Doe, Jr. is recognized with the name of “Doe Jr” with no punctuation.

If the site does not recognize you after you attempt variations of your name, please call your agency Human Resources Benefit Representative to confirm how your last name actually appears in the State’s payroll system.

IV. Coverage Specifics

What is the maximum amount of coverage available?

The maximum benefit amount available is \$30,000 for employee, \$15,000 for spouse.

Will I be able to increase/decrease coverage after I elect coverage?

Yes. Employees may request an increase in coverage during the next annual open enrollment. Any decreases in coverage, including dropping coverage after you are issued coverage can be done at any time during the year by contacting Aflac Group Customer service at 1-800-433-3036, 8:00 am to 8:00 pm Eastern Time (choose the “Certificate Holder” prompt) or by submitting a Service Request Form.

Will I still have coverage after I receive a benefit payment?

Yes, as long as premium payment remains current. This coverage includes a re-occurrence benefit and an additional occurrence benefit.

The **additional occurrence benefit** means that if you collect full benefits for a critical illness under the plan and later have one of the remaining covered illnesses, Aflac will pay the full benefit amount for the additional covered illness. The two dates of diagnosis must be separated by at least six months or for cancer at least six months treatment free and not be caused by or contributed to by a critical illness for which benefits have been paid.

The **re-occurrence benefit** means that if you receive the full benefit for a covered condition and you are later diagnosed with the same condition, Aflac will pay the full benefit again. Occurrences must be separated by at least 12 months or at least 12 months treatment free for cancer. Cancer that has spread (metastasized), even though there is a new tumor, will not be considered an additional occurrence unless the insured person has been treatment free for at least 12 months.

If I am diagnosed with a covered critical illness is coverage 100% for each illness?

No. There are some covered illnesses for which partial coverage is provided. Please see the Aflac Group Critical Illness Plan Booklet for details.

Once I have coverage, can I collect benefits right away if I receive a diagnosis of a covered critical illness?

No. You must be enrolled and pay for coverage for at least 30 days from your coverage effective date before Aflac will pay benefits for a covered critical illness. The 30 days is called a waiting period. If you receive a diagnosis of a covered illness within 30 days from your effective date of coverage, Aflac will not pay benefits for that loss. Benefits will only be paid for covered critical illnesses that are diagnosed more than 30 days after your coverage effective date. If you receive a diagnosis for a covered critical illness within 30 days from your effective date of coverage, you may return your Certificate by contacting Aflac directly at 1-800-433-3036, Monday – Friday, 8:00 am to 8:00 pm Eastern Time (choose the “Certificate Holder” prompt), for a full refund of any premiums paid. However, you may want to consider maintaining your coverage as you may be eligible for benefits should you be diagnosed with one of the other covered critical illnesses.

If I terminate employment what happens to coverage for me and my spouse?

Upon termination of employment, you and your covered spouse will have the option of continuing coverage on a direct-pay basis through the Aflac portability process. You must contact Aflac Group Customer Service at 1-800-433-3036, 8:00 am to 8:00 pm Eastern Time (choose the “Certificate Holder” prompt to request to continue coverage after termination of employment.

What is Portability?

Portability means that when coverage would otherwise terminate under this plan because you end employment, you may elect to continue coverage. The coverage that may be continued is that which you had on the date your employment terminated, including spouse coverage then in effect. You must apply to us in writing within 31 days after the date that the insurance would terminate.

Coverage will cease on the earliest of these dates: the date you fail to pay any required premium or the date the group master policy is terminated. Coverage may not be continued if you fail to pay any required premium or the group master policy terminates.

V. Premiums/Rates

How much does coverage cost?

Premiums vary depending on your age at time of coverage effective date, and the amount of coverage you purchase. Your payroll deductions will be within a few pennies of the premium displayed at time of enrollment due to rounding. If you are paid 22 times per year, during certain pay cycles your deductions will be multiplied, as done with your other benefits.

Are my premiums taxed?

Premiums for Supplemental Benefits by Aflac are remitted on an after-tax basis.

Are my benefits taxed?

Because your premiums are being remitted on an after-tax basis Aflac will not report claims payments to the IRS as income to you. Please consult your tax advisor regarding your personal tax reporting.

Do my rates change if my health declines?

No. Rates do not change based on the status of your health.

How long do I have to pay premiums?

You pay premiums as long as the coverage is in force, even after you file a claim.

Will I have to continue to pay premiums if I become disabled or am on a leave of absence?

Yes. You will be required to continue paying premiums if you become disabled or are on a leave of absence to be covered under the Critical Illness Insurance plan. Just contact Aflac Group Customer Service at 1-800-433-3036, 8:00 am to 8:00 pm Eastern Time (choose the “Certificate Holder” prompt) and they will send you information regarding making premium payments directly to them. If you do not make arrangements to continue premium payments within 90 days of going on unpaid leave, and return to premium deduction during that time period, you will experience a gap in coverage for the unpaid period. However, if your unpaid leave extends more than 90 days your coverage will lapse if no premiums are paid and you will not be eligible to re-apply until the next annual open enrollment.

VI. Claims

What do I need to do to file a claim?

You must submit a claim form completed by you and your physician, along with supporting documentation of treatment, diagnoses, procedures, and charges if required. A link to claim forms is located on the [State of Delaware Aflac Education Website](#). Or, you can also contact the Aflac customer service at 1-800-433-3036, Monday – Friday, 8:00 am to 8:00 pm Eastern Time (choose the “Certificate Holder” prompt) to request these forms.

Can my surviving spouse or surviving family members file a claim if I die from a covered critical illness?

Yes. The benefit would be payable to the beneficiary of the plan that you designated during the enrollment process.

DISCLAIMER: This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Information in this document is subject to the terms, conditions, and limitations of Policy Series CA12800.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company

• Columbia, South Carolina

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